

FOLEY & LARDNER
ATTORNEYS AT LAW

11250 EL CAMINO REAL, SUITE 200
SAN DIEGO, CA 92130
P.O. BOX 80278
SAN DIEGO, CALIFORNIA 92138-0278
TELEPHONE: 858.847.6700
FACSIMILE: 858.792.6773
WWW.FOLEYLARDNER.COM

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Email Address : staylor@foleylaw.com
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MESSAGE:

Applicant: Tuszynski, Mark H.
Title: METHODS FOR THERAPY OF NEURODEGENERATIVE DISEASE OF THE BRAIN
Appl. No.: 10/032,952
Filing Date: 10/26/2001
Examiner: Shin Lin Chen
Art Unit: 1632

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Atty. Dkt. No. 041673-2054

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.

Title: METHODS FOR THERAPY OF
NEURODEGENERATIVE DISEASE
OF THE BRAIN

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Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application, along with the following documents:

- [X] Declaration of Mark H. Tuszynski, M.D. filed in parent Application No. 09/620,174 (16 pages).
- [X] Stevenson, *et al.*, *J. Virol.*, 71:145-151 (1997) (7 pages).
- [X] Hermens and Verhaagen, *Prog. Neurobiol.*, 55:399-432 (1998) (2 pages).
- [X] Petition for Extension of Time (2 pages).
- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Atty. Dkt. No. 041673-2054

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	20	□ 20	= 0	x \$18.00 =	\$0.00
Independents:	1	□ 3	= 0	x \$86.00 =	\$0.00
First presentation of any Multiple Dependent Claims:			+ \$290.00 =		\$0.00
			CLAIMS FEE TOTAL:	=	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Extension for response filed within the first month:	\$110.00	\$0.00
Extension for response filed within the second month:	\$420.00	\$0.00
Extension for response filed within the third month:	\$950.00	\$950.00
Extension for response filed within the fourth month:	\$1,480.00	\$0.00
Extension for response filed within the fifth month:	\$2,010.00	\$0.00
	EXTENSION FEE TOTAL:	\$950.00
Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$55.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$950.00
[X] Small Entity Fees Apply (subtract ½ of above):		\$475.00
	TOTAL FEE:	\$475.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$475.00. A duplicate copy of this transmittal is enclosed.

Atty. Dkt. No. 041673-2054

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



By _____

Date October 2, 2003

FOLEY & LARDNER

Customer Number: 30542

Telephone: (858) 847-6720

Facsimile: (858) 792-6773

Stacy L. Taylor
Attorney for Applicant
Registration No. 34,842